



# Developmental Disabilities Newsletter

January 2005

Volume 8; Issue 1

"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in your life you will have been all of these.

- George Washington Carver

## In This Issue:

- Positive Youth Development - What Is It?
- \$230 Million Awarded
- Foster Care Youth w/ Disabilities
- 4 Girls Health Web Site
- Internet Resources for Youth
- Financial Management Corner
- Employment Grants for Individuals with Disabilities (Kansas & Louisiana)
- Region VI DD Newsletter Satisfaction Checklist

## Positive Youth Development

### *What Is It?*

**P**ositive youth development is an approach toward all youth that builds on their assets and their potential and helps counter the problems that may affect them. Growing up can be tough for everyone, but young people are far more likely to succeed if they are active participants in decision-making that affects their lives and their communities.

Key elements of positive youth development are:

- Providing youth with safe and supportive environments.
- Fostering relationships between young people and caring adults who can mentor and guide them.
- Providing youth with opportunities to pursue their interests and focus on their strengths.
- Supporting the development of youths' knowledge and skills in a variety of ways, including study, tutoring, sports, the arts, vocational education, and service-learning.
- Engaging youth as active partners and leaders who can help move communities forward.
- Providing opportunities for youth to show that they care about others and about society.
- Promoting healthy lifestyles and teaching positive patterns of social interaction.
- Providing a safety net in times of need.

## Administration on Developmental Disabilities

### *Projects of National Significance - Resource Center for Youth*

The purpose of Priority Area III of the ADD's Project of National Significance (PNS) is to design and demonstrate community-based information, training, and resource centers with youth and emerging leaders.



Young people with disabilities are more than twice as likely to drop out of high school (during 1998 to 1999, 29% of youths with developmental disabilities 14 and older dropped out of school) and are less likely to graduate high school with a standard diploma than youth without disabilities (during 1998 to 1999, 57.4% of students with disabilities graduated with a standard diploma compared to approximately 75% of their non-disabled counterparts). Additionally, young people with disabilities are less likely to be engaging in work activity (50% of the individuals with developmental disabilities age 18-29 who can work do work, compared with 72% of their non-disabled counterparts). Through the design and demonstration of youth information, resource, and training centers under the PNS, ADD envisions improving the odds for youth with developmental disabilities to graduate with a standard high school diploma and encourage emerging leaders with developmental disabilities to seek and maintain employment.

For the purpose of these centers, the term "youth" is defined as individuals with developmental disabilities between the ages of 13 and 17 while "emerging leaders" refers to individuals with developmental disabilities between the ages of 18 and 30 with the desire and interest to engage in community leadership and policymaking activities.

The 15 awardees are:

University of Oklahoma, OK  
San Diego State University, CA  
MD Developmental Disabilities Council, MD  
Family Voices, NM  
The University of North Carolina/Chapel Hill, NC  
Washington P&A System, WA  
Institute for Educational Leadership, D.C.  
Iowa Department of Human Services, IA

Inclusion Research Institute, D.C.  
Children's Hospital/Los Angeles, CA  
University of Delaware, DE  
The Arc of New Mexico, NM  
Portland State University, OR  
IPSII, Inc., NM  
Access Living in Metro Chicago, IL



Administration for Children and Families Region VI  
2005 Mid-Winter Leadership Training Conference  
January 25 - 27, 2005 in Dallas, Texas

Adams's Mark Hotel  
400 Olive St.  
Dallas, TX 75201  
214-922-8000

**ONLINE REGISTRATION AVAILABLE at [www.midwin.org](http://www.midwin.org)**

## HHS Awards \$230 Million

**O**n October 26, 2004, the U.S. Department of Health & Human Services awarded 21 grants totaling \$230 million over five years to implement the Strategic Prevention Framework State Incentive Grants to advance community-based programs for substance abuse prevention, mental health promotion and mental illness prevention. HHS' Substance Abuse & Mental Health Services Administration (SAMHSA) will administer the grants.

The funds will be used to implement a five-step process known to promote youth development, reduce risk-taking behaviors, build on assets, and prevent problem behaviors. Each state grantee will receive \$2.35 million per year for five years. Guam will receive \$996,000 per year for all five years and Palau will receive \$420,000 per year for all five years.

Region VI Strategic Prevention Framework State Incentive grants awarded this year include:

Louisiana - The Strategic Prevention Framework State Incentive Grant will result in the development of a system that coordinates planning, funding, and evaluation for substance abuse prevention at all levels, from service providers to state agency heads, in order to support the implementation of evidence-based, culturally-appropriate and cost-effective prevention services in all Louisiana parishes.

New Mexico - The New Mexico Strategic Prevention Framework State Incentive grant will reduce substance abuse among youth, families, and adults by reducing risk and increasing protective factors in individuals, schools, families, neighborhoods, and communities throughout New Mexico through an extensive statewide needs assessment, the creation of a New Mexico Comprehensive Strategic Plan for Prevention, and implementation of substance abuse prevention activities.

Texas - The Texas Strategic Prevention Framework will strengthen the prevention infrastructure to develop and coordinate a statewide strategy to prevent substance abuse and related problem behaviors by building on the existing infrastructure of the Drug Demand Reduction Advisory Committee.

*Taken From: HHS Press Release  
October 26, 2004*

## Youth Violence

**H**omicide is the second leading cause of death among young people ages 15 to 19. Among African American youths in that age group, homicide is the leading killer. From 1990 to 1999, nearly 34,000 young people ages 18 and younger were victims of homicide. That's an average of about 9 youths killed each day over the last decade.

Just as alarming as the number of young people dying from violence is the number of young people who are committing violent acts. In 1997, 1,700 youths under age 18 were implicated in 1,400 murders. Among the homicide offenders in 2000, whose age was known by authorities, approximately 48% were 24 or younger and 9% were younger than 18.

# Foster Care Youth with Disabilities

Nationally, approximately 20,000 youth "age out" of foster care each year, typically when they turn eighteen. These youth face extraordinary challenges to becoming successful adults, and the transition outcomes for many youth exiting care appear bleak. A national study of youth emancipated from foster care revealed that 2.5 to 4 years after they had left the system:

- Only 54% had graduated high school
- 50% had used illegal drugs
- 25% were involved with the legal system
- 25% had been homeless at least one night
- Only 17% were completely self supporting

Among adolescents in foster care, approximately 40% have disabilities. The national study described above found that having a disability was associated with even poorer outcomes.

The transition plans of students who were in both foster care and special education:

1. Were less likely to include goals for post-secondary education
2. Were less likely to include goals for developing independent living skills
3. Had significantly fewer goals overall
4. Often had no plan for how to reach goals
5. Revealed less advocate involvement
6. Indicated that caseworkers were typically absent
7. Often had caseworkers and families listed as responsible for transition activities even though they had not attended the IEP/TP meeting
8. Typically listed the student as responsible for working on transition goals, often with little or no support from others.
9. Lacked a specific timeline for goal completion
10. Rarely described effective practices that are known to promote successful transition outcomes
11. Were more than twice as likely to have youth slotted for a modified rather than standard diploma
12. Did not focus on career development
13. Revealed little understanding or acknowledgement of foster care issue

The disappointing outcomes of both youth in foster care and youth with disabilities were attributed to 5 key factors:

1. Lack of a consistent advocate
2. Lack of Child Welfare involvement in Special Education

*continued on page 5*

*Foster Care Youth with Disabilities*  
*continued from page 3*

3. Lack of awareness by educators
4. Child Welfare and School Transition Planning is not integrated
5. Foster parents need information around the Special Education process

The Fostering Future Project is conducting a number of studies investigating the educational and transition experiences of foster care youth with disabilities.

Questions or comments can be directed to Dr. Sarah Geenen at OHSU OIDD Center on Self Determination (503) 232-9154 (ex. 111) or e-mail at [geenens@ohsu.edu](mailto:geenens@ohsu.edu).

The study was supported by grant No. H324N010012-02 from the U.S. Department of Education.

*Taken From: Fostering Future Project: Spring 2004*  
*[www.selfdeterminationohus.org](http://www.selfdeterminationohus.org)*

## For Girls Health.gov

The 4girls Health web site was created to help girls (ages 10-16) learn about health, growing up, and issues they may face. It focuses on health topics that girls are concerned about and helps motivate them to choose healthy behaviors by using positive, supportive, and non-threatening messages. The site gives girls reliable, useful information on the health issues they will face as they become young women and tips on handling relationships with family and friends, at school and at home.



The mission of the [www.4girls.gov](http://www.4girls.gov) web site, developed by the Office on Women's Health in the Department of Health and Human Services, is to promote healthy, positive behaviors in girls between the ages of 10 and 16. The site gives girls reliable, useful information on the health issues they will face as they become young women, and tips on handling relationships with family and friends, at school and at home.



## National Leadership Summit on Improving Results for Youth

The National Leadership Summit on Improving Results: Policy and Practice Implications for Secondary and Postsecondary Education, Transition, and Workforce Development for Youth with Disabilities. The Summit will be held June 14-15, 2005 in Washington, D.C.

The goal of the event is to convene state-level teams of policymakers to examine the progress made in the implementation of strategic plan developed at the 2003 Summit, and to further build state capacity to improve high school experiences that lead to successful post-school outcomes for all youth.

For more information see the NCSET web site at: [www.ncset.org](http://www.ncset.org).



## **CASA Releases New Report:**

### ***Criminal Neglect: Substance Abuse, Juvenile Justice and The Children Left Behind***

**F**our of every five children and teen arrestees in state juvenile justice systems are under the influence of alcohol or drugs while committing their crimes, test positive for drugs, are arrested for committing an alcohol or drug offense, admit having substance abuse and addiction problems, or share some combination of these characteristics, according to a new report released yesterday by The National Center on Addiction and Substance Abuse (CASA) at Columbia University.

The 177-page report is the most comprehensive analysis ever undertaken of substance abuse and state juvenile justice systems. The report found that 1.9 million of 2.4 million juvenile arrests had substance abuse and addiction involvement and that only 68,600 juveniles receive substance abuse treatment.

Download a free copy of the report from CASA's website at [www.nationalcasa.org](http://www.nationalcasa.org).



## **GAO Report for Foster Youth**

**S**in November 2004, the Government Accountability Office (GAO) issued the Foster Youth: HHS Actions Could Improve Coordination of Services and Monitoring of States' Independent Living Program. GAO found that the doubling of federal funding for independent living programs has resulted in most states receiving an increase in funds. Although some states had difficulty expanding their program infrastructure in the first 2 years of increased funding, the amount of funds states returned to HHS declined the second year. Differences in funding also appeared in the amounts available per eligible foster care youth.

GAO is recommending to the Secretary of HHS to improve the availability of information on the array of federal programs that could be used to assist youth transitioning out of foster care at the state and local levels and to improve existing processes for monitoring states' progress in meeting the needs of current and former foster care youth. HHS disagreed with GAO's latter recommendation, which included standardizing the reporting format for plans and reports, stating that it would impose an unnecessary burden on states.

The full report can be found at: [www.gao.gov/cgi-bin/gettrpt?GAO-05-25](http://www.gao.gov/cgi-bin/gettrpt?GAO-05-25)



# Internet Resources for Youth

Department of Justice Kids & Youth—[www.usdoj.gov/kidspage/index.html](http://www.usdoj.gov/kidspage/index.html)

*Information about getting involved in crime prevention, justice for youth, civil rights and more.*

Do Something - [www.dosomething.org/index.cfm](http://www.dosomething.org/index.cfm)

*Learn about this organization that helps people under 30 years old Do Something!*

Girl Power - [www.health.org/gpower](http://www.health.org/gpower)

*A website designed to help encourage and motivate 9 to 13 year old girls to make the most of their lives.*

National Youth Leadership Council - [www.nylc.org](http://www.nylc.org)

*Features information about changing youth policies and NYLC's youth leadership camps and programs.*

SERVnet - [www.SERVE.net](http://www.SERVE.net)

*SERVE.net matches the skills, experience, and enthusiasm of volunteers of all ages with local organizations that need their participation.*

The White House for Kids - [www.whitehouse.gov](http://www.whitehouse.gov)

*Click on the kids only link on the White House home page to visit the kids section information about the home of our nation's President.*

Youth on Board - [www.youthonboard.org](http://www.youthonboard.org)

*Youth on Board is a nonprofit organization that prepares youth to be leaders in their communities and strengthens relationships between youth and adults by providing publication, customized workshops, and technical assistance.*

FirstGov for Kids - [www.kids.gov](http://www.kids.gov)

*Resources and links for information on a wide variety of topics.*

SafePlace Teen Topics - [www.safeplaceservices.org](http://www.safeplaceservices.org)

*Helpful information and resources about many important topics from alcohol and drugs to eating disorders to running away.*

*Taken From: Texas Network of Youth Services (TNOYS)  
[www.tnoys.org](http://www.tnoys.org)*

## Financial Management Corner

Enforcement - 45 CFR 92.43

### *Uniform Administrative Requirements for Grants & Cooperative Agreements to State & Local Governments*

If a grantee or subgrantee materially fails to comply with any term of an award, whether stated in a Federal statute or regulation, an assurance, in a State Plan or application, a notice of award, or elsewhere, the awarding agency may take one or more of the following actions, as appropriate in the circumstances:

- Temporarily withhold cash payments pending correction of the deficiency by the grantee or subgrantee or more severe enforcement action by the awarding agency,
- Disallow (that is, deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance,
- Wholly or partly suspend or terminate the current award for the grantee's or subgrantee's program,
- Withhold further awards for the program, or
- Take other remedies that may be legally available.

Copies of the Federal Register can be found at:

## **Funding Available**

Adolescent Treatment  
Coordination Grant

Funding Number: TI 05-006

CFDA Number: 93.243

Due Date: January 12, 2005

The State Adolescent Substance Abuse Treatment Coordination grant program is one of SAMHSA's Infrastructure Grant programs.

The purpose of State Adolescent Substance Abuse Treatment Coordination grants is to build capacity in States to provide effective, accessible, and affordable substance abuse treatment for youth and their families.

Grants will provide funding to support a staff position (a State official whose sole responsibility is ensuring the effectiveness of adolescent substance abuse treatment State-wide) and a State process to assess, facilitate, and coordinate ongoing, self-sustaining cross-system planning for effective adolescent substance abuse treatment.

More information at:

[http://www.samhsa.gov/grants/2005/nofa/ti05006\\_adolescents.aspx](http://www.samhsa.gov/grants/2005/nofa/ti05006_adolescents.aspx)

## **2005 Region VI DD Spring Institute**

The Region VI ACF DD Team is planning to host the 2005 DD Spring Institute. Please stay tuned for more details.



## HHS AWARDS GRANTS TO HELP PEOPLE WITH DISABILITIES MAINTAIN EMPLOYMENT IN KANSAS, LOUISIANA & MINNESOTA

**H**HS Secretary announced a \$5 million award to Kansas, Louisiana and Minnesota to demonstrate whether additional services and supports to working individuals with serious mental illness will prolong their independence and employment.

The demonstration, created by the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA), will give the Centers for Medicare & Medicaid Services (CMS) the opportunity to test whether particular services and supports can assist individuals in maintaining their employment and self-sufficiency, and decrease reliance on cash and other benefits. It supports individuals at risk of becoming disabled and their employers who benefit from improved worker retention.

Kansas will provide support to people with a number of different conditions who are currently enrolled in that state's high-risk insurance pool while Minnesota and Louisiana will focus on those with serious mental illnesses. Together, all three states could spend up to \$75 million on their projects over the next five years. Kansas is eligible to receive up to \$13 million over that time if it maintains a demonstration that is approved by CMS; Louisiana is eligible to receive up to \$20.4 million over that time if it maintains a demonstration that is approved by CMS; and Minnesota is eligible to receive up to \$42.3 million over that time if it maintains a demonstration that is approved by CMS.

Under the innovative demonstration, participants will be given a full Medicaid-like benefit package that could be used to supplement any benefit plan the person may have through an employer. Many health insurance plans have limits on certain kinds of treatment and services and this demonstration would supplement those caps. Persons in the program will not have to meet the state's Medicaid eligibility rules because the program is simply modeled on that benefit plan, but is not actually part of Medicaid.

It is estimated that each year over 600,000 individuals leave the work force and enroll in the Social Security Disability Insurance program, which entitles them to Medicare coverage after a 24-month waiting period. This program will help policymakers determine whether early intervention and support could keep people on the job.

For further information on the Demonstration to Maintain Independence and Employment and other initiatives for people with disabling conditions, visit our Web site at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

# Region VI Developmental Disabilities Newsletter 2004 Satisfaction Checklist (Optional)

Please Complete Form and Mail To:

Sharon Butler

Region VI Administration for Children & Families

1301 Young Street, Room 945 (ACF-3)

Dallas, Texas 75202-5433

Or Fax To:

Sharon Butler: FAX #: 214-767-8124

On a Scale of 1 to 5:

[1 = strongly disagree; 2 = slightly disagree; 3 = agree; 4—slightly agree; 5—strongly agree]

1. The information presented in the Newsletter has been useful: \_\_\_\_\_
2. The frequency of the Newsletter (6 times a year) is adequate: \_\_\_\_\_
3. The topics presented in the newsletter have been appropriately varied: \_\_\_\_\_
4. The Regional Office should continue production of the Newsletter: \_\_\_\_\_

Please note any topics or items you would like the Newsletter to include on a regular basis:

---

---

---

Please note any strengths or areas for improvement of the Newsletter:

---

---

---

## 2005 DD Team Workplan

Please note any work areas that you would like the DD Team to concentrate:

---

---

---

The Region VI Developmental Disabilities Newsletter is  
issued 6 times a year by the  
Region VI Administration for Children and Families

*Look for the next Newsletter March 2005*

**Your Input Is Requested!**

The DD Team is interested in your thoughts concerning this Newsletter and is seeking your input in the development of their 2005 work plan. Please take time to complete the *optional* checklist found on page 10 of this Newsletter.

U.S. Dept. of Health & Human Services  
Administration for Children & Families  
1301 Young Street,  
Room 945 / ACF-3  
Dallas, Texas 75202-5433

**Administration for Children & Families - Region VI**

**Leon R. McCowan**  
Regional Administrator

**Developmental Disabilities Team**  
Fax: 214-767-8124

Janice Davis, Team Leader  
(214) 767-8075  
jdavis@acf.hhs.gov

Sharon Butler, Program Specialist  
(214) 767-8093  
sbutler@acf.hhs.gov